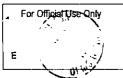
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

1 , FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

_			
1. File Number U -	2. Fiscal Year Covered From		
12586	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas P Villanova	Name Chicago & Cook County Building Trades Council		
	Labor Organization File Number 017-836		
P.O Box, Bldg , Room No., if any	P.O. Box, Building and Room Number, if any 1850		
Street 8692 Flint Lane	Street 150 N Wacker Drive		
City Orland Park	City Chicago		
State Illinois ZIP Code + 4 60462	State Illinois ZIP Code + 4 60606-1537		
5. Position in labor organization. President			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trad	e name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			\$0
State ZI	P Code + 4		

Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury submitted in this report (including the information contained in any accompanying documersigned's knowledge and belief, true, correct, and complete. (See the section on	iments), has been exa	errined by the signatory and is, to the best of the
Signed Hom Kellanna On	7/7/2005	708 361-8148
	Date	Telephone Number

Name of Person Filing Thomas Villanova	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Midwest Generation	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 440 South LaSalle St.	
City Chicago State Illinois ZIP Code + 4 60605	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Project negotiation meeting.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$100
City	12.a. Nature of interest ha'd or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg , Room No., if any	
Street	
City	
State ZIP Code + 4	
13 h le the Business on Employer ar Consultant 2	14.b. Amount of payment.

Name of Person Filing Thomas Villanova	of Person Filing Thomas Villanova		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank			:
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street One West Monroe	c. Employer		
City Chicago			
State Illinois ZIP Ccde + 4 60603-5301			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name	Dinner Winter N	Meetings in Florida	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	14 - 4	us of such doubles	6105
City	11.b. Approximate dollar value of such dealing. \$125 12.a. Nature of interest held or income received. Required Quarterly Labor Board Meetings		
State ZIP Code + 4			
2 3345 * 1			
	i		
	12.b. Amount.		\$500
		7.7. 12. 1	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg , Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Thomas Villanova	File Number U -
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the bus ness rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Union Plus Mortgage Program Trade Name, if any: P.O. Box, Bldg., Room No., if any #100 Street 241 Commerce Drive City Crystal Lake State Illinois ZIP Code + 4 60014	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea ing.
Name	Annual luncheon, meeting and outing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	
	11.b. Approximate dollar value of such dealing. \$94
City State ZIP Code + 4	12.a. Nature of interest he'tl or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg , Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Thomas Villanova	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, ਹਾ irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Construction Employers' Association Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 34.00 Street 221 North La Salle Street City Chicago State Illinois ZIP Code+4 60601	a. Labor Organ:zation b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Annual meeting and luncheon.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$50
City	12.a. Nature of interest heid or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13 h is the Business en Employer or Consultant 2	14.b. Amount of payment.

ame of Person Filing Thomas Villanova		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Illinois State AFL-CIO	a. Labor Organiza	rion .	
Trade Name, if any:	b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 534 South Second Street			
City Springfield			
State Illinois ZIP Code + 4 62701		\$ MATERIAL MARKET AND ADDRESS	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name	Annual Christmas	luncheon and meeting.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	Le of such dealing. \$50	
City	12.a. Nature of interest hel	ld or income received.	
State ZIP Code + 4		1	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Bex, Bidg., Reem No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Thomas Villanova	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Blue Cross & Blue Shield of Illinois	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 300 East Randolph Street			
City Chicago			
State Illinois ZIP Code + 4 60601			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Lunch and golf outing.		
Trade Name, if any:			
P.O. Box, Bidg , Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$100		
Clty	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
Lamenton (1981)			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13 h Is the Business on Employee	14.b. Amount of payment.		

Name of Person Filing Thomas Villanova	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any),	9. Business deals with:			
Name Chicago Federation of Labor	a. Labor Organ:zation			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any 26th Floor	c. Employer			
Street 130 East Randolph Street				
City Chicago State Illinois ZIF Ccce + 4 60601				
SIGNET TITLIOTS ZIF OWET 4 00001				
10. If 9.b, or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Annual Christmas Luncheon and door prize.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$100			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	}			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Thomas Villanova	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trump Organization	9. Business deals with:
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any Street 725 Fifth Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10022	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	2 Trump Tower Project negotiation meetings.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$100
City	12.a. Nature of interest hard or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, it any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13 h is the Rusiness an Employer or Consultant 2	14.b. Amount of payment.

Name of Person Filing Thomas Villanova		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, set ing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet Metal Workers Union Local #73	a. Labor Organiza		
Trade Name, if any:	b. Trust	13011	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 4550 W. Roosevelt Road			
City Hillside			
State Illinois ZIP Code + 4 60607			
10. If 9.b. or 9.c. is checked give trust or employed's name.	11.a. Nature of such deal	•	
Name	Annual Apprentice	Graduation Dinner.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	ue of such dealing. \$50	
City	12.a. Nature of interest he		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
12 h le the Business on Employer Consultant 2	14.b. Amount of payment.		

Name of Person Filing Thomas Villanova		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Bansley and Kiener L.L.P.	a. Labor Organiza	Sion	
Trade Name, if any:	b. Trust	шон	
P.O. Box, 8ldg., Room No., if any #200	c. Employer		
Street 8745 West Higgins Road	C. Employer		
City Chicago			
State Illinois ZIP Code + 4 60631			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a, Nature of such dealing.		
Name	Holiday Christmas	& Candy Basket with shipping.	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va'.	ue of such dealing. \$80	
City	12.a. Nature of interest he		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money		A total and the same of the sa	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Böx, Bldg , Room No., If any			
Street			
City			
State ZIP Code + 4			
13 h Is the Business an Employer or Consultant 2	14.b. Amount of payment.		

Name of Person Filing Thomas Villanova		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Plumbers Local Union #130 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1340 W. Washington City Chicago State Illinois ZIP Code + 4 60607 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deal Annual Apprentice		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	ue of such dealing. \$50	
City	12.a. Nature of interest he	d or income received.	
State ZłP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
12 b le the Rusiness on Employer Consultant Consultant	14.b. Amount of payment.		

File Number U-

Part C Continuation Page

*C. Received from any employer (other than an employer covered under parts A and B above) or from any lapor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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